

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX
	Ms. Roxanne Thalman		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	418 Central Park Dr Unit B Arlington, TX 76014		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817) 381-8890		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX
	Ms. Claudia Perkins		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	3313 Yellowstone Arlington, TX 76013		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817) 291-1100		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year		
	4 / 27 / 2017 THROUGH 5 / 31 / 2017		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	6 / 10 / 2017 City Council District 3
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			City Council District 3

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Roxanne Thalman

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *0*

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *14,232.55*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *1,403.06*

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

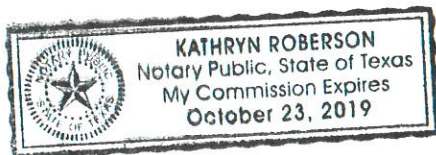
\$ *1,414.81*

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ *4,600.*

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

R. Thalman

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Roxanne Thalman*, this the *2nd* day of *June*, 20 *17*, to certify which, witness my hand and seal of office.

Kathryn Roberson

Signature of officer administering oath

Kathryn Roberson

Printed name of officer administering oath

Notary

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10485.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3747.56
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 2600
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12886.37
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1403.00
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>6</u> <u>RT</u>
2 FILER NAME <u>Roxanne Thalman</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/27/17</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Nicholas Alexander</u> 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ <u>300 Monticello Ave. DALLAS, TX 75205</u>	7 Amount of contribution (\$) <u>1000.⁰⁰</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>4/27/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Michael Scales</u> Contributor address: _____ City: _____ State: _____ Zip Code: _____ <u>15330 LBJ Fwy Mesquite, TX 75150</u>	Amount of contribution (\$) <u>1,000.⁰⁰</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/1/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mario Perez</u> Contributor address: _____ City: _____ State: _____ Zip Code: _____ <u>2744 5th Ave Fort Worth, TX 76110</u>	Amount of contribution (\$) <u>500.⁰⁰</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>6/4/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Daniel Markson</u> Contributor address: _____ City: _____ State: _____ Zip Code: _____ <u>2421 Lake Lancoast Dr. Miami Beach, FL 33140</u>	Amount of contribution (\$) <u>125.⁰⁰</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

Roxanne Thalman

3 Filer ID (Ethics Commission Filers)

4 Date

5/3/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert Kember

6 Contributor address;

City; State; Zip Code

1301 Blue Lambert Dr Arlington, TX 76010

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/4/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Don Duke

Contributor address;

City; State; Zip Code

PO BOX 13464 Arlington, TX 76094

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Charles Brady

Contributor address;

City; State; Zip Code

1919 Main A Dale Arlington, TX 76013

Amount of contribution (\$)

60.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/22/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

HATC

Contributor address;

City; State; Zip Code

1350 Baker Blvd. Richardson, TX 76118

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6 ^{PT}

2 FILER NAME

Roxanne Thalman

3 Filer ID (Ethics Commission Filers)

4 Date

6/4/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Howard Porteus, Jr.

6 Contributor address;

City; State; Zip Code

1245 Blue Lake Blvd. Arlington, TX 76005

7 Amount of contribution (\$)

250.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/4/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gregory Benson

Contributor address;

City; State; Zip Code

3208 Algonquin Ave. Arlington, TX 76017

Amount of contribution (\$)

250.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jordan Foster

Contributor address;

City; State; Zip Code

7703 River front Rd. Arlington, TX 76011

Amount of contribution (\$)

50.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Majid Haddad

Contributor address;

City; State; Zip Code

2500 NE Greenboks Street Arlington, TX 76010

Amount of contribution (\$)

1,000.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 ¹⁴
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 5/22/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adlai Remyington 6 Contributor address; City; State; Zip Code 1375 Gilman Rd. Austin, TX 78740	7 Amount of contribution (\$) 250. ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Letourneau Contributor address; City; State; Zip Code 201 Helen Dr. Arlington, TX 76011	Amount of contribution (\$) 200. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thanh Ha Contributor address; City; State; Zip Code 100 Hawks Ridge Trail Colleyville, TX 76034	Amount of contribution (\$) 500. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lineberger, Boggan, Blair + Sampson Contributor address; City; State; Zip Code PO Box 91588 Arlington, TX 76015	Amount of contribution (\$) 2500. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME

Roxanne Thalman

3 Filer ID (Ethics Commission Filers)

4 Date

5/11/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Andy Tanner

6 Contributor address; City; State; Zip Code

32487 Vineyard Park
Aron, OH 44011

7 Amount of contribution (\$)

125.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/11/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ken Outcault

Contributor address; City; State; Zip Code

2881 Plymouth Dr.
Cleveland, OH 44124

Amount of contribution (\$)

125.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/11/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Douglas Cooper

Contributor address; City; State; Zip Code

2000 West 7th St.
Fort Worth, TX 76107

Amount of contribution (\$)

100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/11/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mike Patterson

Contributor address; City; State; Zip Code

2035 W. 120th St.
Arlington, TX 76017

Amount of contribution (\$)

100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>6</u>
2 FILER NAME <u>Roxanne Thorman</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>5/13/17</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Claudia Perkins</u> 6 Contributor address; City; State; Zip Code <u>3313 Yellowstone Arlington, TX 76013</u>	7 Amount of contribution (\$) <u>1,000.</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Roxanne Thalman</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>0</u>	
5 Date <u>5/30</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ARA PAC</u>	8 Amount of Contribution \$ <u>3547.55</u>	9 In-kind contribution description <u>advertising</u>
7 Contributor address; City; State; Zip Code <u>1800 Park Row Arlington, TX 76013</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>NA</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>NA</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <u>5/31</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>David Dang</u>	Amount of Contribution \$ <u>200</u>	In-kind contribution description <u>advertising</u>
Contributor address; City; State; Zip Code <u>8441 Emerald Circle North Richland Hills, TX 76180</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>owner</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>Bentman Plaza</u>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

Roxanne Thalman

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

5/26/17

7 Name of lender

☐ out-of-state PAC (ID#: _____)

Roxanne Thalman

9 Loan Amount (\$)

2600.00

6 Is lender a financial institution?

Y ☒ N

8 Lender address; City; State; Zip Code

418 Central Park Dr. Unit B

10 Interest rate

0.

11 Maturity date

Arlington TX 76014

12 Principal occupation / Job title (See Instructions)

NA

13 Employer (See Instructions)

NA

14 Description of Collateral

☒ none

15 Check if personal funds were deposited into political account (See Instructions)

☒

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account (See Instructions)

☐

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME Roxanne Thalman		3 Filer ID (Ethics Commission Filers)	
4 Date 5/1/17		5 Payee name Murphy Nasica			
6 Amount (\$) 500		7 Payee address; City; State; Zip Code 815 Brazos St 304 Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) consulting		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____			
Date 5/1/17		Payee name Murphy Nasica			
Amount (\$) 211.09		Payee address; City; State; Zip Code 815 Brazos St 304 Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) other		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense data/software	
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____			
Date 4/20/17		Payee name Murphy Nasica			
Amount (\$) 400.00		Payee address; City; State; Zip Code 815 Brazos St 304 Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) polling expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME Roxanne Thaiman		3 Filer ID (Ethics Commission Filers)	
4 Date 4/28/17		5 Payee name Murphy Nasica			
6 Amount (\$) 4034.29		7 Payee address; City; State; Zip Code 815 Brazos St. 304 Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) printing expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mail	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5/12		Payee name Murphy Nasica			
Amount (\$) 301.00		Payee address; City; State; Zip Code 815 Brazos St. 304 Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) printing expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense push cards	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5/31/17		Payee name Murphy Nasica			
Amount (\$) 3350		Payee address; City; State; Zip Code 815 Brazos St 304 Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) consulting		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME Royanne Thalman		3 Filer ID (Ethics Commission Filers)	
4 Date 5/17/17		5 Payee name Murphy Nasica			
6 Amount (\$) 2541.49		7 Payee address; City; State; Zip Code 85 Brazos St 304 Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) printing expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mail	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 5/22/17		Payee name Murphy Nasica			
Amount (\$) 238.50		Payee address; City; State; Zip Code 85 Brazos St 304 Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) printing expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense push cards	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 5/23/17		Payee name Murphy Nasica			
Amount (\$) 300.00		Payee address; City; State; Zip Code 85 Brazos St 304 Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Roxanne Thalman	3 Filer ID (Ethics Commission Filers)
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4 Date 4/30/17	5 Payee name facebook
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6 Amount (\$) 173.27	7 Payee address; City; State; Zip Code 1 Hacker way Menlo Park, CA 94025
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☒ Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/30	Payee name Digital Room Inc.
Amount (\$) 812.15	Payee address; City; State; Zip Code 1130 Avenue H East Arlington, TX 76011

☒ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mail
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/31/17	Payee name facebook
Amount (\$) 417.64	Payee address; City; State; Zip Code 1 Hacker way Menlo Park, CA 94025

☒ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED